

07/18/00
jc878 U.S. PTO

07-19-00

PTO/SB/05 (12/97)
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Please type a plus sign (+) inside this box → ☐

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	SEL1	Total Pages	JC
	First Named Inventor or Application Identifier			
	Scott E. Lilienthal			
	Express Mail Label No.	EK638864360US		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
--	--

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Specification <small>[Total Pages 18]</small> <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure <p>3. <input type="checkbox"/> Drawing(s) <small>(35 USC 113)</small> <small>[Total Sheets 4]</small></p> <p>4. Oath or Declaration <small>[Total Pages 22]</small></p> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <small>[Note Box 5 below]</small>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). <p>5. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 4b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Copyb. <input type="checkbox"/> Paper Copy (identical to computer copy)c. <input type="checkbox"/> Statement verifying identity of above copies
---	---

ACCOMPANYING APPLICATION PARTS	
8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	
11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> 9 Copies of IDS Citations	
12. <input type="checkbox"/> Preliminary Amendment	
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
14. <input checked="" type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status still proper and desired	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	
16. <input type="checkbox"/> Other:	

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____/_____

18. **CORRESPONDENCE ADDRESS**

☒ Customer Number or Bar Code Label 024912 or ☐ Correspondence address below
(Insert Customer No. or Attach bar code label here)

NAME	WMS Ramsey Reg No 32,715, July 18, 2000			
ADDRESS				
CITY	STATE	ZIP CODE		
COUNTRY	TELEPHONE	FAX		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

0002/PTO
Rev. 10/95U.S. Department of Commerce
Patent and Trademark Office

FEE TRANSMITTAL

TOTAL AMOUNT OF PAYMENT (\$ 354.00)

Complete if Known

Application Number

Filing Date

First Named Inventor

Scott E. Lilienthal

Group Art Unit

Examiner Name

Attorney Docket Number

SEL1

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number
Deposit
Account
Name

18-0158

Ramsey

☒ Charge Any Additional
Fee Required Under 37
CFR 1.16 and 1.17☐ Charge the Issue Fee Set in 37
CFR 1.18 at the Making of the
Notice of Allowance, 37 CFR
1.311(b)

- 2.
- ☒
- Payment Enclosed:

☒ Check ☐ Money
Order ☐ Other

FEE CALCULATION (fees effective 10/01/95)

1. FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101	750	201	375	Utility filing fee	345
106	310	206	155	Design filing fee	
107	510	207	255	Plant filing fee	
108	750	208	375	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 345)

2. CLAIMS

	Extra	Fee from below	Fee Paid
Total Claims 21 - 20 = 1	X	9	9
Independent Claims 3 - 3 = 0	X	0	0
Multiple Dependent Claims 0	X	0	0

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	250	204	125	Multiple dependent claim
109	78	209	39	Reissue independent claims over original patent
110	22	210	11	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 9)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.	
139	130	139	130	Non-English specification	
147	2,390	147	2,390	For filing a request for reexamination	
112	870	112	870	Requesting publication of SIR prior to Examiner action	
113	1,740	113	1,740	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	380	216	190	Extension for response within second month	
117	900	217	450	Extension for response within third month	
118	1,400	218	700	Extension for response within fourth month	
119	290	219	145	Notice of Appeal	
120	290	220	145	Filing a brief in support of an appeal	
121	250	221	125	Request for oral hearing	
138	1,430	138	1,430	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive unavoidably abandoned application	
141	1,250	241	625	Petition to revive unintentionally abandoned application	
142	1,250	242	625	Utility issue fee (or reissue)	
143	430	243	215	Design issue fee	
144	630	244	315	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	220	126	220	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	750	246	375	Filing a submission after final rejection (37 CFR 1.129(a))	
149	750	249	375	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) (\$ 0)

* Reduced by Basic Filing Fee Paid

SUBMITTED BY

Typed or
Printed Name

William S. Ramsey

Signature

WMS Ramsey

Date

July 18, 2000

Complete (if applicable)

Reg. Number

32.715

Deposit Account
User ID

Burden Hour Statement: This form is estimated to take 2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(b))--INDEPENDENT INVENTOR

Docket Number (Optional)

SEL1

Applicant or Patentee: Scott E. Lilienthal

Application or Patent No.: _____

Filed or Issued: _____

Title: ELECTRONIC BOOK PLAYER WITH AUDIO SYNCHRONIZATION

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:

- ☒ the specification filed herewith with title as listed above.
☐ the application identified above.
☐ the patent identified above.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ No such person, concern, or organization exists.
☐ Each such person, concern or organization is listed below.

Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Scott E. Lilienthal

NAME OF INVENTOR

X Scott E. Lilienthal

Signature of inventor

Date X

NAME OF INVENTOR

Signature of inventor

Date

NAME OF INVENTOR

Signature of inventor

Date

Type a plus sign (+) inside this box → ☒

0010/PTO
 Rev. 6/95

U.S. Department of Commerce
 Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR
 Submitted with Initial Filing ☐ Declaration
 Submitted after Initial Filing

Attorney Docket Number

SEL1

First Named Inventor

Scott E. Lilienthal

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ELECTRONIC BOOK PLAYER WITH AUDIO SYNCHRONIZATION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Type a plus sign (+) inside

→ +

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Firm Name Customer Number or label
☒ OR
☒ List registered practitioner(s) name and registration number below:

Name	Registration Number	Name	Registration Number
William S. Ramsey	32,715		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

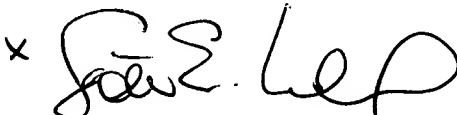
Please direct all correspondence to: ☐ Customer Number or label OR ☒ Correspondence address below

Name	William S. Ramsey		
Address	Ramsey & Associates, P.C.		
Address	5253 Even Star Place		
City	Columbia,	State	MD
ZIP	21044		
Country	USA	Telephone	410-730-9467
Fax	410-730-9467		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name	Scott	Middle Initial	E.	Family Name	Lilienthal	Suffix e.g. Jr.	
------------	-------	----------------	----	-------------	------------	-----------------	--

Inventor's Signature	x 	Date	x 7/14/07
----------------------	---	------	-----------

Residence: City	Laurel	State	MD	Country	USA	Citizenship	USA
-----------------	--------	-------	----	---------	-----	-------------	-----

Post Office Address	405 Fourth Street.		
---------------------	--------------------	--	--

Post Office Address			
---------------------	--	--	--

City	Laurel	State	MD	Zip	20707	Country	USA	Applicant Authority	
------	--------	-------	----	-----	-------	---------	-----	---------------------	--

☐ Additional inventors are being named on supplemental sheet(s) attached hereto